



Please Type or Print Clearly – Do Not Staple

Name of Tournament or Games NCF Fusion Cup www.ncfusion.org

Hosting Organization NC Fusion Type of Tournament: ☐ Select ☐ Recreational ☒ Select & Rec

Designate Official of Hosting Organization Gary Gartner Title Tournament Director Phone () 336-554-3630 W

Address 428 Twins Way Email ggartner@ncfusion.org Phone () _____ H

City Brown Summit State NC Zip Code 27214 Phone () _____ FAX

State Association or Affiliate NCYSA Guest Referees Applications Accepted ☒ Yes ☐ No

Location of Tournament or Games Bryan Park I **TEAM ENTRY DEADLINE: April 9 | 16, 2026**

Date(s) of Tournament or Games May 15-17, 2026 Estimated # of Teams 400

Tournament or Games Director or Contact Person Gary Gartner Phone () 336-554-3630 W

Address 428 Twins Way Email ggartner@ncfusion.org Phone () _____ H

City Bermuda Run State NC Text Zip Code 27006 Phone () _____ FAX

Age Groups Accepted				Type(s) of Team Accepted *	B	G	Roster Size	# Guest Players Allowed	Length of Games	# Players on Field	Awards	Minimum # of Games	Entry Fee	Bond
U-	9	1/1/	17	RT, S1-S4, SA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	50	7	<input type="checkbox"/>	3	475 525	<input type="checkbox"/>
U-	10	1/1/	16	RT, S1-S4, SA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	5	50	7	<input type="checkbox"/>	3	475 525	<input type="checkbox"/>
U-	11	1/1/	15	RT, S1-S4, SA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	60	9	<input type="checkbox"/>	3	800 825	<input type="checkbox"/>
U-	12	1/1/	14	RT, S1-S4, SA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	5	60	9	<input type="checkbox"/>	3	800 825	<input type="checkbox"/>
U-	13	1/1/	13	RT, S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	60	11	<input type="checkbox"/>	3	850 900	<input type="checkbox"/>
U-	14	1/1/	12	RT, S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	60	11	<input type="checkbox"/>	3	850 900	<input type="checkbox"/>
U-	15	1/1/	11	RT, S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input type="checkbox"/>	3	900 950	<input type="checkbox"/>
U-	16	1/1/	10	RT, S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input type="checkbox"/>	3	900 950	<input type="checkbox"/>
U-	17	1/1/	09	RT, S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input type="checkbox"/>	3	900 950	<input type="checkbox"/>
U-	18-19	1/1/	08-07	RT, S1-S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input type="checkbox"/>	3	900 950	<input type="checkbox"/>

*List of types of teams and tournaments is on reverse side of this form.

- ☐ **RT RESTRICTED TOURNAMENT** –Open only to members of US Youth Soccer and its State Associations.
- ☐ Team will be restricted to teams within the state association ☐ Teams will be invited from all US Youth State Associations/Affiliates only.
- ☒ **UT UNRESTRICTED TOURNAMENT** Other US Soccer Members as listed: US CLUB | AYSO | USSSA
- ☐ International
- ☐ Teams as listed:

The Hosting Organization agrees to be bound by and comply with the terms contained in the TOURNAMENT AND GAMES HOSTING AGREEMENT and all applicable rules of the approving State Association or Affiliate.

Signature of Designated Official of Hosting Organization

Date 12/4/25
Completed 12/11

APPROVAL

(For Official Use Only)STATE
ASSOCIATION OR AFFILIATE

By

NCYSA



Date 12-12-25

Title NCHSA Tournaments